

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 8-29-03.

## I. DISPUTE

Whether there should be reimbursement for CPT code 95900, 95904 and 95935, 99244 and 95860.

## II. FINDINGS

1. The requestor billed \$2,422.00 for the disputed services.
2. The respondent paid \$0.00 based upon "R- Charge Unrelated to Injury."
3. Total amount in dispute per TWCC-60 is \$751.00.
4. The insurance carrier submitted an untimely response to the request for medical dispute resolution.
5. The insurance carrier did not file a TWCC-21 with the Commission per Section 408.027(d) disputing the treatment; therefore, disputed services will be reviewed in accordance with Commission's *Medical Fee Guideline*.

## III. RATIONALE

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MARS (Maximum Allowable Reimbursement)	Reference	Rationale
1-14-03	99244	\$336.00	\$0.00	R	\$148.00	Evaluation & Management GR (IX)	Consult report supports billed service per MFG, reimbursement of \$148.00 is recommended.
1-14-03	95860	\$210.00	\$0.00	R	\$113.00	CPT Code Descriptor	EMG test was performed per MFG, reimbursement of \$113.00 is recommended.
1-14-03	95900 (x6)	\$756.00	\$00.00	R	\$64.00/ nerve	Medicine GR (IV)	Nerve study report supports testing of Median, Ulnar, Radial nerves bilaterally. Therefore, the appropriate reimbursement of 6 X \$64.00 = \$384.00; however, on TWCC60, requestor is only seeking \$192.00.

1-14-03	95904 (X6)	\$720.00	\$0.00	R	\$64.00 / nerve		Nerve study report supports testing of Median, Ulnar, Radial nerves bilaterally. Therefore, the appropriate reimbursement of 6 X \$64.00 = \$384.00; however, on TWCC60, requestor is only seeking \$192.00.
1-14-03	95935 (X2)	\$400.00	\$0.00	R	\$53.00 / study per extremity		F-wave was performed on both upper extremities. The nerve study report indicates claimant reported pain and symptoms in both upper extremities; therefore, per MFG, reimbursement of \$106.00 is recommended.
TOTAL							The requestor is entitled to reimbursement of \$751.00.

#### IV. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is** entitled to reimbursement for CPT codes, 95900, 95904, 95935, 99244, 95680 in the amount of **\$751.00**. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit **\$751.00** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 6<sup>th</sup> day of August 2004.

Elizabeth Pickle  
Medical Dispute Resolution Officer  
Medical Review Division